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AUG 01 2005



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28863 7590 05/27/2005

SHUMAKER & SIEFFERT, P. A.
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08/02/2005 MBELETE2 00000052 10797757

01 FC:2501
02 FC:1504
03 FC:800

APPLICATION NO. 700.00 OP
FILING 0.00 OP
9.00 OP

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/797.757

03/09/2004

Mitch Prust

1059-002US02

4234

TITLE OF INVENTION: NETWORK-BASED REMOTE DATA STORAGE SYSTEM HAVING MULTIPLE ACCESS INTERFACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/29/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
AVELLINO, JOSEPH E		2143	709-219000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Shumaker & Sieffert, P.A.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mitch Prust

Saint Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee.
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1778 (enclose an extra copy of this form).

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Authorized Signature

Kent J. Sieffert

Date July 27, 2005

Typed or printed name

Kent J. Sieffert

Registration No. 41,312

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